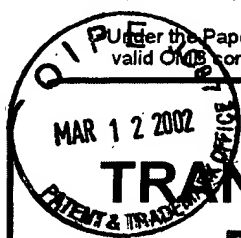


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(Modified) PTO/SB/21 (6-98)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/719,909
Filing Dat	May 12, 1999
First Named Inventor	Thomas Williams
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	1012-010200US

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): PTO-1449 form, Cited References and receipt acknowledgment postcard
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Authorization to Charge Deposit Account
Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jonathan Alan Quine, Reg. No. 41,261, Quine Intellectual Property Law Group P.C.		
Signature	<i>Jonathan Alan Quine</i>		
Date	02-27-2002		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 2-27-02

Typed or printed name	Evelyn Gomez		
Signature	<i>Evelyn Gomez</i>	Date	2-27-02

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Quine Intellectual Property Law Group, P.C.
By Evelyn Gomez
Evelyn Gomez

Attorney Docket No. 1012-010200US
Client Ref. No. SJK/FP5891650

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Thomas William Rademacher, *et al.*

Application No.: 09/719,909

Filed: May 12, 1999

For: INOSITOLPHOSPHOGLYCAN
AND RIBOSE FOR TREATMENT OF
ISCHAEMIA-REPERFUSION INJURY

Examiner: Unassigned

Art Unit: Unassigned

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR § 1.97 and § 1.98

Assistant Commissioner for Patents
Washington, D.C. 20231

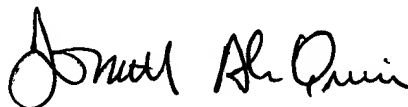
Sir:

The references cited on attached form PTO-1449 are being called to the attention of the Examiner. Copies of the references are enclosed. It is respectfully requested that the cited information be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement, since it is being submitted prior to the first Office Action. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 50-0893. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jonathan Alan Quine".

Jonathan Alan Quine
Reg. No. 41,261

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